

July 26, 2002

Mr. Mike Buis  
Parker Hannifin Corporation  
P.O. Box 517  
Goshen, Indiana 46526

Re: 039-16183-00027  
First Administrative Amendment to  
Part 70 T039-7359-00027

Dear Mr. Buis:

Goshen Rubber Company, Inc., was issued a permit on June 29, 1999 for a stationary rubber products manufacturing operation. A letter requesting a change of legal name was received July 12, 2002. Pursuant to the provisions of 2-7-11 the permit is hereby administratively amended as follows:

Goshen Rubber Company, Inc. was a wholly owned subsidiary of Parker Hannifin. The legal name has since been changed to Parker Hannifin Corporation. The operation located at 1525 South Tenth Street, Goshen, Indiana 46526 will operate under the name of Parker Hannifin Corporation. The Responsible Official will remain as Mr. Mike Buis, President. The appropriate reporting forms were changed to reflect the legal name change.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,  
Original signed by  
Paul Dubenetzky, Chief  
Permits Branch  
Office of Air Quality

Attachments: Replacement Pages  
PD/gkf

cc: File - Elkhart County  
Elkhart County Health Department  
Air Compliance Section Inspector - Paul Karkiewicz  
Compliance Data Section - Karen Nowak  
IDEM Northern Regional Office  
Permit Review Section 1 - Gary Freeman  
Air Programs - Chet Bohannon

# PART 70 OPERATING PERMIT

## OFFICE OF AIR QUALITY

**Parker Hannifin Corporation**  
**1525 South Tenth Street**  
**Goshen, Indiana 46526**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T039-7359-00027	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: June 29, 1999  Expiration Date: June 29, 2004

First Reopening 039-13239-00027, issued January 29, 2002

First Administrative Amendment: 039-16183-00027	Pages Affected: 35, 36, 37, 38 and 39
Issued by: Original Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: <b>July 26, 2002</b>

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT  
CERTIFICATION**

Source Name: Parker Hannifin Corporation  
Source Address: 1525 South Tenth Street, Goshen, Indiana 46526  
Mailing Address: P.O. Box 517, Goshen, Indiana 46526  
Part 70 Permit No.: T039-7359-00027

**This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.**

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) \_\_\_\_\_
- 9 Report (specify) \_\_\_\_\_
- 9 Notification (specify) \_\_\_\_\_
- 9 Other (specify) \_\_\_\_\_

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION  
P.O. Box 6015  
100 North Senate Avenue  
Indianapolis, Indiana 46206-6015  
Phone: 317-233-5674  
Fax: 317-233-5967**

**PART 70 OPERATING PERMIT  
EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name: Parker Hannifin Corporation  
Source Address: 1525 South Tenth Street, Goshen, Indiana 46526  
Mailing Address: P.O. Box 517, Goshen, Indiana 46526  
Part 70 Permit No.: T039-7359-00027

**This form consists of 2 pages**

**Page 1 of 2**

Check either No. 1 or No.2

- 9** 1. This is an emergency as defined in 326 IAC 2-7-1(12)  
C The Permittee must notify the Office of Air Quality (OAQ), within four **(4)** business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and  
C The Permittee must submit notice in writing or by facsimile within two **(2)** days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16
- 9** 2. This is a deviation, reportable per 326 IAC 2-7-5(3)(c)  
C The Permittee must submit notice in writing within ten **(10)** calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency/Deviation:

Describe the cause of the Emergency/Deviation:

If any of the following are not applicable, mark N/A

Page 2 of 2

Date/Time Emergency/Deviation started:
Date/Time Emergency/Deviation was corrected:
Was the facility being properly operated at the time of the emergency/deviation?    Y    N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency/deviation:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: \_\_\_\_\_  
Title / Position: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT  
NATURAL GAS FIRED BOILER CERTIFICATION**

Source Name: Parker Hannifin Corporation  
Source Address: 1525 South Tenth Street, Goshen, Indiana 46526  
Mailing Address: P.O. Box 517, Goshen, Indiana 46526  
Part 70 Permit No.: T039-7359-00027

**This certification shall be included when submitting monitoring, testing reports/results  
or other documents as required by this permit.**

Report period

Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

Boiler Affected

Alternate Fuel

Days burning alternate fuel

From

To


I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT  
QUARTERLY COMPLIANCE MONITORING REPORT**

Source Name: Parker Hannifin Corporation  
Source Address: 1525 South Tenth Street, Goshen, Indiana 46526  
Mailing Address: P.O. Box 517, Goshen, Indiana 46526  
Part 70 Permit No.: T039-7359-00027

**Months:** \_\_\_\_\_ **to** \_\_\_\_\_ **Year:** \_\_\_\_\_

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

**9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD**

**9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.**

<b>Compliance Monitoring Requirement</b> (e.g. Permit Condition D.1.3)	<b>Number of Deviations</b>	<b>Date of each Deviation</b>

Form Completed By: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Attach a signed certification to complete this report.